

fallon senior plan premier
summary of benefits
2008

RWc0



Summary of Benefits for Fallon Senior Plan Premier

January 1, 2008 - December 31, 2008

Worcester County and portions of Franklin, Hampden, Hampshire, Middlesex and Norfolk counties

Fallon Senior Plan Premier provides comprehensive coverage
beyond that of Original Medicare.

Benefit category	
1. Premium and other important information	Please contact your benefits administrator for premium information. You will continue to pay your Part B premium of \$96.40 each month. There is a \$3,250 out-of-pocket maximum limit for Medicare Part A & Part B covered services.
2. Doctor and hospital choice	You must go to network doctors, specialists and hospitals.
INPATIENT CARE	
3. Inpatient hospital care	\$0 copayment (includes substance abuse and rehabilitation services)
4. Inpatient mental health care	\$0 copayment
5. Skilled nursing facility care	\$0 copayment
6. Home health care	\$0 copayment
7. Hospice	\$0 copayment at a Medicare-certified hospice
OUTPATIENT CARE	
8. Doctor office visits	
Primary care provider	\$10 copayment
Specialist	\$10 copayment
9. Chiropractic services	\$10 copayment
10. Podiatry services	\$10 copayment
11. Outpatient mental health care	\$10 copayment
12. Outpatient substance abuse care	\$10 copayment
13. Outpatient services/surgery	\$0 copayment
14. Ambulance services	\$0 copayment
(medically necessary ambulance services)	
15. Emergency care (worldwide coverage)	\$50 copayment (Waived if admitted to the hospital within 72 hours for the same condition.)
16. Urgently needed care	\$10 copayment

Benefit category	
17. Outpatient rehabilitation services (occupational therapy, physical therapy, speech and language therapy)	\$10 copayment
OUTPATIENT MEDICAL SERVICES AND SUPPLIES	
18. Durable medical equipment	\$0 copayment
19. Prosthetic devices	\$0 copayment
20. Diabetes self-monitoring training & supplies	\$0 copayment
21. Diagnostic tests, X-rays and lab services	\$0 copayment
PREVENTIVE SERVICES	
22. Bone mass measurement	\$0 copayment
23. Colorectal screening exams	\$0 copayment
24. Immunizations	\$0 copayment
25. Mammograms	\$0 copayment
26. Pap smears and pelvic exams	\$0 copayment
27. Prostate cancer screening exams	\$0 copayment
28. ESRD	\$0 copayment for in and out-of-area dialysis \$10 copayment for nutrition therapy for renal disease
29. Prescription drugs	<div> Retail (up to 30-day supply) Tier 1: \$10 Tier 2: \$20 Tier 3: \$40 </div> <div> Mail-order (up to 90-day supply) Tier 1: \$20 Tier 2: \$40 Tier 3: \$80 </div>
30. Dental services Preventive checkup (one every six months) including cleanings and routine X-rays Fillings Oral surgeon visit	\$10 copayment \$19 to \$51 copayment \$10 copayment
31. Hearing services Diagnostic hearing exam Hearing Aid	\$10 copayment 100% of first \$500, 80% of next \$1,500 to a maximum benefit of \$1,700 every 24 months. Hearing aid exam covered once each 24-month period for a \$10 copayment.
32. Vision services Routine eye exam (one every two years) Eyewear	\$10 copayment Up to \$150 toward purchase of eyewear every 24 months
33. Physical exams	\$10 copayment
34. Health/wellness education	See "additional benefits and features" for details.

2008 benefit details

All benefits are available based on medical need and compliance with
The Centers for Medicare & Medicaid Services guidelines.

Inpatient mental health care

Coverage is provided for an unlimited number of days for inpatient mental health services in a general hospital when authorized by a contracting psychiatrist and the plan. Coverage is provided for up to 90 days of care in each Medicare benefit period for inpatient services provided in a psychiatric hospital; there is a 190-day lifetime limit for inpatient services provided in a psychiatric hospital.

Inpatient rehabilitation services

Coverage is provided for up to 100 days each benefit period in a Medicare-covered facility.

Inpatient substance abuse services

There is no copayment for substance abuse care stays.

Home health care

Home health care includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services.

Skilled nursing facility care

Coverage is provided for up to 100 days each benefit period in a Medicare-certified skilled nursing facility. No prior hospital stay is required.

Diagnostic tests, X-rays and lab services

There is no copayment for Medicare-covered clinical or diagnostic lab services, radiation therapy, or X-rays.

Dental services

Your \$10 office visit also includes one fluoride treatment every six months. You also are covered for oral surgery in serious medical conditions—extraction of seven or more teeth, gingivectomies (including osseous surgery) of two or more gum quadrants, and excision of radicular cysts involving the roots of three or more teeth.

Prescription drug coverage

You pay copayments for prescriptions that are based on the three-tier structure of the Fallon Senior Plan formulary. The formulary can be found online at www.fchp.org/seniors/formulary or in hard copy by request. When you search for a drug using the online formulary, you will need to select "Group," and then select "Fallon Senior Plan Premier - Group 1" from the drop-down menu.

For drugs covered under Medicare Part D, you pay copayments for outpatient prescriptions until your yearly out-of-pocket prescription drug costs reach \$4,050. If your annual out-of-pocket drug costs exceed \$4,050, for the remainder of the year you will pay the greater of two options: \$2.25 for generic or a preferred-brand drug and \$5.60 for all other drugs, or 5% coinsurance for all prescription drugs.

This plan also covers drugs that are not normally covered under Medicare Part D. Because these drugs are not normally covered by Medicare Part D, the amounts you pay when you fill a prescription for these drugs do not count toward your total drug costs. This means that the amount you pay does not help you qualify for catastrophic coverage. In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs.

additional benefits and features

Fallon Senior Plan Premier offers you benefits that are beyond Original Medicare—all to keep you healthy!

Quit to Win

Our tobacco treatment program, Quit to Win, offers support meetings, where we'll help you develop a stop-smoking plan that's right for you. In addition, as a Fallon Senior Plan member, you may receive nicotine patches or gum at a reduced price, or even at no cost.

SilverSneakers® Fitness Program

You can participate in the SilverSneakers Fitness Program. This is a health and fitness program that provides a basic membership to contracted fitness facilities in Massachusetts and across the nation, allowing members use of amenities such as cardiovascular, strength and exercise equipment, and fitness classes (available amenities may vary slightly from facility to facility). You do not have a copayment, coinsurance or a deductible for this program. Participation in the SilverSneakers Fitness Program is dependent upon the results of the Activity Readiness Assessment and, if necessary, a subsequent evaluation by your physician.

SilverSneakers® is a registered trademark of Healthways.

Nurse Connect

FCHP has joined with Health Dialog® to give our members access to registered nurses and other health care professionals who serve as health coaches. This phone and online service is available 24 hours a day, seven days a week at no additional cost. You can reach a Nurse Connect health coach by calling 1-800-609-6175 (TDD/TTY: 1-800-848-0160).

Weight Watchers®

We are pleased to offer our members one 12-consecutive-week Weight Watchers membership each calendar year at no additional cost beyond your monthly plan premium. Fallon Community Health Plan will pay the registration fee and the weekly fee for one 12-week series—a savings of up to \$175 per year.

Weight Watchers® is a registered trademark of Weight Watchers International, Inc.

Need more information?

To join please call

1-800-333-2535, Ext. 69411 (TDD/TTY: 1-877-608-7677)

Monday - Friday from 8:30 a.m. to 5:00 p.m.

Current members may call

1-800-868-5200 (TDD/TTY: 1-877-608-7677)

Seven days a week from 8 a.m. to 8 p.m.



www.fchp.org